

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002969

STATE FILE NUMBER

AMENDED

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 9

FILED FEB 5 1962

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>On way to Hospital</u>				Length of stay in 1b <u>None</u>		c. CITY OR TOWN <u>Cottonwood Point</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Cottonwood Point</u>	
3. NAME OF DECEASED (Type or print) First <u>Johnny H</u> Middle <u>Henry</u> Last <u>Thompson</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>23</u> Year <u>1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-17-1902</u>	9. AGE (last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gro. Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gro. Store</u>		11. BIRTHPLACE (City and state or country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Abraham Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hampton</u>			14. NAME OF HUSBAND OR WIFE <u>Pauline Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT <u>Mrs. Pauline Thompson C'ville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <u>-</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-</u>			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u>-</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		20f. CITY, TOWN, OR LOCATION <u>Caruthersville, Mo.</u>		COUNTY <u>Pemiscot</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1940</u> to <u>Jan. 23, 1962</u> and last saw him alive on <u>Jan. 23, 1962</u> Death occurred at <u>10:00 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. J. Aguirre, M.D.</u>				22b. ADDRESS <u>Caruthersville, Mo.</u>		22c. DATE SIGNED <u>1-26-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan-25-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>		23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>	
24. FUNERAL DIRECTOR <u>LaForge Und. Co. C'ville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>1-28-1962</u>		26. REGISTRAR'S SIGNATURE <u>Jack W Tipton</u>	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Nail C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.